



Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).		Complete if Known		
FEE TRANSMITTAL For FY 2005		Application Number	10/735,514-Conf. #1588	
		Filing Date	December 11, 2003	
		First Named Inventor	Daniel A. Moros	
		Examiner Name	E. Olson	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27	Art Unit	1623		
TOTAL AMOUNT OF PAYMENT	(\$)	0.00	Attorney Docket No.	32308-232610

METHOD OF PAYMENT (check all that apply)	
<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card
<input type="checkbox"/> Money Order	<input type="checkbox"/> None
<input type="checkbox"/> Other (please identify): _____	
<input checked="" type="checkbox"/> Deposit Account	Deposit Account Number: <u>22-0261</u> Deposit Account Name: <u>Venable LLP</u>
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	
<input checked="" type="checkbox"/> Charge fee(s) indicated below	<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17	<input checked="" type="checkbox"/> Credit any overpayments

FEE CALCULATION							
1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
	FILING FEES		SEARCH FEES		EXAMINATION FEES		
		Small Entity		Small Entity		Small Entity	
Application Type	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fees Paid (\$)
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	
2. EXCESS CLAIM FEES							
						Small Entity	
						Fee (\$)	Fee (\$)
Each claim over 20 (including Reissues)						50	25
Each independent claim over 3 (including Reissues)						200	100
Multiple dependent claims						360	180
Total Claims		Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims		
<u>18</u> - 40 = <u>0</u>		<u>0</u>	<u>0</u>	<u>0</u>			
HP = highest number of total claims paid for, if greater than 20.							
Indep. Claims		Extra Claims	Fee (\$)	Fee Paid (\$)			
<u>6</u> - 10 = <u>0</u>		<u>0</u>	<u>0</u>	<u>0</u>			
HP = highest number of independent claims paid for, if greater than 3.							
3. APPLICATION SIZE FEE							
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof		Fee (\$)	Fee Paid (\$)		
<u> </u> - 100 = <u> </u>	<u> </u>	<u> </u> /50 <u> </u> (round up to a whole number) x <u> </u>		<u> </u>	<u> </u>		
4. OTHER FEE(S)							Fees Paid (\$)
Non-English Specification, \$130 fee (no small entity discount)							
Other (e.g., late filing surcharge)							

SUBMITTED BY			
Signature		Registration No. (Attorney/Agent)	31,957
Name (Print/Type)	Michael A. Gollin	Telephone	(202) 344-4000
		Date	September 1, 2006



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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

Daniel A. Moros

Appl. No.: 10/735,514

Filed: December 11, 2003

FOR: METHOD OF TREATING
MOVEMENT DISORDERS USING
BARBITURIC ACID DERIVATIVES

Confirmation No.: 1588

Art Unit: 1623

Examiner: Eric S. Olsen

Atty. Docket No.: 32308-232610

Customer No:

35159

PATENT TRADEMARK OFFICE

AMENDMENT

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

In response to the Office Action mailed August 21, 2006, please amend the
above-identified application as follows:

Amendments to the Claims are reflected in the Listing of Claims, which begins on page
2 of this paper.

Remarks/Arguments begin on page 7 of this paper.